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A STUDY OF FACTORS IN THE HISTORIES OF TWENTY-EIGHT  
MALE PSYCHOPATHIC PERSONALITIES COMMITTED UNDER  
SECTION ONE HUNDRED OF THE GENERAL LAWS TO THE  
METROPOLITAN STATE HOSPITAL

A Thesis

Submitted by

Howard Boynton Monahan

(S.B., Harvard College, 1941)

In Partial Fulfillment of Requirements for  
the Degree of Master of Science in Social Service

1948



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SCHOOL OF SOCIAL WORK

A STUDY OF FACTORS IN THE  
PSYCHOPATHIC PERSONALITIES COMMITTED UNDER  
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MIDDLESEX STATE HOSPITAL

School of Social Work  
Aug. 16, 1948

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# TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
List of Tables . . . . .	II
I Introduction - Purpose, Scope, and Method . . . .	1
II Psychopathic Personality - Definition and Discussion . . . .	4
III The Historical Factors . . . . .	11
A. A Survey of Background Factors in Twenty-eight Cases . . . . .	11
B. The Adjustment Factors . . . . .	27
IV Case Summaries . . . . .	33
V Summary and Conclusions . . . . .	56
Appendix . . . . .	62
Bibliography . . . . .	63
VI Previous and Present Hospitalization with Diagnosis of Eleven Patients . . . . .	24
VII Diagnostic Sub-classifications of Twenty-eight Patients . . . . .	26
VIII Adjustment Ratings of Patients in Seven Categories . . . . .	31

# TABLE OF CONTENTS

CHAPTER	PAGE
I	1
II	4
III	11
IV	33
V	56
Appendix	62
Bibliography	63



## LIST OF TABLES

<u>TABLE</u>		<u>PAGE</u>
I	Religious Affiliations of Twenty-eight Patients . .	12
II	Racial Backgrounds of Twenty-eight Patients . . . .	13
III	Intelligence Ratings of Twenty-eight Patients . . .	14
IV	Grades Completed by Twenty-eight Patients . . . . .	15
V	Age Groups of Twenty-eight Patients . . . . .	16
VI	Habits of Twenty-eight Patients . . . . .	18
VII	Military Service of Fourteen Patients . . . . .	18
VIII	Types of Offenses of Twenty-eight Patients . . . .	20
IX	Agency Registrations of Seventeen Patients Prior to Commitment . . . . .	21
X	Marital Status of Twenty-eight Patients . . . . .	23
XI	Previous and Present Hospitalization with Diagnosis of Eleven Patients . . . . .	24
XII	Diagnostic Sub-classifications of Twenty-eight Patients . . . . .	25
XIII	Adjustment Ratings of Patients in Seven Categories . . . . .	31

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14	III Intelligence Ratings of Twenty-eight Patients . . .
15	IV Grades Completed by Twenty-eight Patients . . .
16	V Age Groups of Twenty-eight Patients . . .
18	VI Habits of Twenty-eight Patients . . .
18	VII Military Service of Fourteen Patients . . .
20	VIII Types of Offenses of Twenty-eight Patients . . .
21	IX Agency Registrations of Seventeen Patients Prior to Commitment . . .
23	X Mental Status of Twenty-eight Patients . . .
24	XI Previous and Present Hospitalization with Diagnosis of Eleven Patients . . .
25	XII Diagnostic Sub-classifications of Twenty-eight Patients . . .
31	XIII Adjustment Ratings of Patients in Seven Categories . . .



## CHAPTER I

### INTRODUCTION

#### PURPOSE, SCOPE, AND METHOD

Among the least understood people who come to be observed and studied in a mental hygiene setting, either public or private, large or small, those eventually labeled as psychopathic personalities stand out as among the most enigmatic. It is the purpose of the writer to discuss such a group of psychopathic personalities to try to understand the role of certain factors which influenced their community adjustment prior to their being observed at a mental hospital. This thesis discusses twenty-eight patients from the Metropolitan State Hospital who were diagnosed as "Without Psychoses, Psychopathic Personality". The patients under review were all males, and were committed "under complaint or indictment"<sup>1</sup> by the courts.

This discussion does not seek to deal with hospital treatment, but primarily with the social aspects of the problems presented. Furthermore, it is naturally limited to the patients concerned, and any data or conclusions drawn pertain to

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1. Mass. G.L., 1933, Ch. 123, s. 100 (See Appendix).

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them alone. It should be noted, too, that the material under discussion was taken from hospital records which cover the period from April 1, 1943 to April 1, 1946. The earlier date marks the beginning of the hospital's acceptance of patients directly from the community, while the latter date allows for an adequate interim for a sampling of cases. During this period there were ninety-four cases of male admissions under Section 100, of which these are twenty-eight (29.8%) diagnosed as "Without Psychoses, Psychopathic Personality", and who were returned to the court for disposition. The remaining sixty-six cases (70.2%) represent all other diagnostic classifications, but with which the writer is not concerned here. In the discussion of these psychopathic personalities, the writer will try to answer the following general questions: What historical factors influence community adjustment? How are they used to determine community adjustment? What is the significance of these factors in relation to the psychopath's place in society?

This study has attempted to deal with the selected group from the viewpoint of their community adjustments up to the time of their present diagnoses. For a study of adjustments following their return to the courts for disposition another study, complementary to the present one, has been made.<sup>2</sup>

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Included in the present group are the records of two children who, according to their classification, are those under age sixteen. The information for data and statistics was taken from the original case histories as they were obtained by the Social Service Department. A schedule (see Appendix) was used as a study-guide for collecting the material.

It is perhaps worth the observation at this point that the existence of social work literature in relation to the psychopath is extremely limited. To some extent this is due to a similar lack of technical or psychiatric literature on a subject which is still controversial. For the reasons that create this situation it is similarly apparent that society lacks a sound and realistic basis for the legal and social treatment of psychopathic personalities.

One could easily assemble several definitions of a psychopathic personality, but for the sake of brevity a reformulated definition is being presented which is, in the author's words, a fair statement of the majority view. He writes:

The diagnostic label psychopathic personality and constitutional psychopathic inferiority designate those individuals who have manifested considerable difficulty in social adjustment over a period of many years or throughout life, but who are not of defective intelligence or suffering from structural disease of the brain or spinal cord, and whose differences in adjustment have not been manifested by the

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## CHAPTER II

### PSYCHOPATHIC PERSONALITY: DEFINITION AND DISCUSSION

To be able to appreciate the difficulty of understanding what 'makes' a psychopath, and what there is in his makeup to justify his classification, a brier discussion of the concept of psychopathic personality is necessary. It is not intended to discuss the correctness of any one theory or group of theories, but simply to note that they do have a great deal in common. Most clinicians seem to agree on certain factors but disagree as to others, sometimes only as a matter of degree. For example, one emphasizes biological or hereditary background, another the environmental or sociological, and still others will combine the elements of each.

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behavioral syndromes which are conventionally referred to as neuroses and psychoses.<sup>1</sup>

In many respects the establishment of the diagnosis is based on the process of elimination; that is, there are no direct descriptive symptoms on whose recognition the diagnosis depends, or on any precise etiological factor. Furthermore, the existence of any particular behavior pattern on which to base one's judgment is also absent. If there are no symptoms of the psychoses or neuroses, but there are evidences of continuous social maladjustment, then the predominant emphasis has been on a classification of psychopathic personality.

"No special symptoms are considered to be specific or pathognomonic of psychopathic personality."<sup>2</sup>

In the absence of all other well-known syndromes of neuroses or psychoses, certain other evidences of psychopathy are noted. Those latter are: Delinquency and law-breaking in general; namely, misdemeanors, truancy, petty-stealing, prostitution, promiscuity, larceny, forgery, and murder. While all delinquent acts cannot be said to be psychopathic, the line of separation is a matter of great disagreement,

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1. J. McV. Hunt, editor, *Personality and the Behaviour Disorders*, Vol. II, p. 923.

2. *Ibid.*, p. 925.

3. *Ibid.*, p. 928.



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inasmuch as delinquency in its various forms is the most often used symptomatic basis for diagnosing psychopathic personality. Other symptomatic bases generally acceptable as evidence of psychopathy are: socially unconventional behavior (lack of sociability, vagabondage, litigiousness and pathological lying); emotional instability and other "affective liabilities" to social adjustment (uncontrolled excitability and unpredictable outbursts of aggression and irritability). Further evidences of psychopathy are: aberrations of sexual behavior (homosexuality, chronic masturbation, sadism, and masochism), and drug addiction or chronic alcoholism.

As one can readily observe, the line of demarcation between the normal and abnormal (i.e., psychopathic) in terms of social conformity is difficult to draw. Because no body of exact descriptive data fits the psychopathic personality, one concludes:

that the personality make-up of the individual differs from the normal or average in the sense of having been in some vague way originally defective or in being at any rate permanently warped or pathologic.<sup>3</sup>

The use of the term and diagnosis continues to serve practical purposes, and hence it has not been totally discarded. From the clinical viewpoint, it does point out that a psychiatric problem exists in a patient when the diagnosis is made, especially in institutional and court practice. The diagnosis

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serves a very practical legal use; namely, the determination of one's responsibility for legal offenses. This is particularly of interest in our study which has to do with men whose precipitating incident prior to mental observation was a legal offense. There is, of course, a whole subject for discussion implied in the justifiability of using such a diagnosis when in itself it implies that the individual is not completely responsible for his actions, even though he is not totally irresponsible or insane. The law, unfortunately, treats the individual on an either/or basis as far as 'insanity' is concerned. Medically, insanity is a matter of degree, and so with the psychopathic personality even though he is not psychotic.

Eugen Kahn emphasized that there is no sharp distinction between the normal and the psychopathic personality. The latter just gets into trouble more easily. "Social maladjustment is the crucial point in the practical diagnosis of psychopathy."<sup>4</sup> The difference between the normal and the psychopathic personality is a quantitative one. In the latter, successful adjustment to his environment is complicated by the fact that some of his personality characteristics and traits are disproportionately developed and organized. Psychopathy in his view can be described partly in terms of inadequate personality functioning as judged by the occurrence of social maladjustment. The important thing to note, it seems, is that the

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maladjustment is recognized as a function of a pathologic person, and "not as the response of a normal person to a difficult environmental situation."<sup>5</sup> A definition derived from his views reveals that a psychopathic personality is:

one characterized by quantitative peculiarities in impulse, temperament, and character which peculiarities result in a type of personality structure which expresses itself socially in the form of maladjustment.<sup>6</sup>

D. K. Henderson has written of psychopathic personality "states" to use his own term, as:

certain states which were characterized by a disorder of the affections and feelings in contradistinction to understanding and intellect.<sup>7</sup>

He quotes Dr. J. C. Pritchard's remarks concerning the psychopaths as follows:

In cases of this nature, the moral and active principles of the mind are strongly perverted or depraved; the power of self-government is lost or greatly impaired and the individual is found to be incapable, not of talking or reasoning upon any subject proposed to him, but of conducting himself with decency and propriety in the business of life.<sup>8</sup>

A good summarizing statement of the meaning of the term psychopathic state, or personality, with both its applications and implications, is given by Henderson:

It will have been gathered that the term psychopathic state is the name we apply to those individuals who conform to a

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5. Ibid., p. 933. (underscoring the writer's)

6. Ibid., p. 935.

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8. Ibid., p. 12.



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certain intellectual standard, sometimes high, sometimes approaching the realm of defect but yet not amounting to it, who throughout their lives or from a comparatively early age, have exhibited disorders of conduct or an anti-social or asocial nature, usually of a recurrent or episodic type, which in many instances, have proved difficult to influence by methods of social, penal and medical care and treatment and for whom we have no adequate provision of a preventive or curative nature. The inadequacy or deviation or failure to adjust to ordinary social life is not a mere wilfulness or badness which can be threatened or thrashed out of the individual involved, but constitutes a true illness for which we have no specific explanation.<sup>9</sup>

One physician whose practice has been predominantly private says of the psychopath:

This diagnostic classification has tended to be a catch-all for patients who show repeated evidence of anti-social behavior without symptoms belonging to the classical neurotic or psychotic pictures..... the psychopath seen in private practice generally comes from a relatively secure economic background, and there is not the same mass of socio-economic factors forming a backdrop and complicating the picture, factors which, in my opinion, are generally secondary reinforcing involvements, which may be used as rationalizations by the patient; they assume an undue prominence in the patients seen in city hospitals and court clinics.<sup>10</sup>

Essentially what this author is saying is in agreement with what previously cited theorists have advanced insofar as the pathological aspects are concerned. She does feel, however, that certain background factors are overemphasized, but in view of the statement that social maladjustment is the crucial factor in the diagnosis of psychopathy, they are of significant

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9. Ibid., pp. 18-19.

10. Phyllis Greenacre, "Conscience in the Psychopath", American Journal of Orthopsychiatry, 15:495, July, 1945.



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importance. It seems rather obvious that, on a relative basis, such socio-economic factors would appear to receive more dramatic attention in one group than in the other. What then are the factors which enter into a person's behavior as revealed in an historical view of his life, and how are they of significance in determining the presence of social maladjustment?

Nationality  
Intelligence  
Age  
Habits  
Military Service  
Court Record  
Social Service  
Marital Status  
Hospitalization and Diagnosis

It is of some significance that in a superficial survey of only twenty-eight cases of psychopathy a certain small group of factors, taken not only as measures of social adjustment, but also as background factors or reference points, show some representative value. No general conclusions or arguments pro and con are to be suggested from such a small group, but neither should certain trends be overlooked. Among the several factors to be considered are those such as nationality and religion which are merely noted statistically, and those such as court records and prior social agency contacts which are indicative of how a person adjusted to his social milieu.

In the classification of religious groups the total number of cases divided between Roman Catholics and Protestants,

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### CHAPTER III

#### THE HISTORICAL FACTORS

##### A. A SURVEY OF BACKGROUND FACTORS IN TWENTY-EIGHT CASES

Religious Affiliation  
 Nationality  
 Intelligence  
 Age  
 Habits  
 Military Service  
 Court Record  
 Social Service  
 Marital Status  
 Hospitalization and Diagnoses

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In the classification of religious groups the local number of cases divided between Roman Catholics and Protestants.



The latter group included all sects or subdivisions which in reality were very few as found in all the cases. There were eighteen Catholics (63%) and ten Protestants (37%). In all cases, however, it was readily apparent that religious affiliation was no more than just an affiliation in name only and could be more aptly described and applied as a label on an empty bottle, having no content or meaning.

TABLE I.

## RELIGIOUS AFFILIATIONS OF TWENTY-EIGHT PATIENTS

Religion	Roman Catholic	Protestant	Totals
No.	18	10	28
Per cent	63	37	100

As could be expected, religious affiliation was determined largely by national heritage. As these figures (Table II) show, the majority of cases are from those who traditionally are either Roman Catholic or Protestant. The greatest number of cases (50%) had a mixed national background. These were made up primarily of people whose ancestry emanated from the British Isles. The group with the greatest number (25%) from any singularly important nationality was Italian, and these were all first or second generation.

To some extent the nationality and religious figures, like almost any of the others, will depend on the geographical area from which the patients were admitted, and the relative



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population densities of certain groups in a highly urban and metropolitan area.

TABLE II.

## NATIONAL BACKGROUNDS OF TWENTY-EIGHT PATIENTS

Nationality	No.	Per cent
Mixed (Anglo-Saxon)	14	50
Italian	7	25
Irish	3	10.72
French	2	7.14
German-Irish	1	3.57
Swedish	<u>1</u>	<u>3.57</u>
Total	28	100

One factor, namely, intelligence, is one that is measured whenever possible on every hospital admission. Primarily it is done as a diagnostic aid, and very often is important in the final determination of the diagnosis. As for the psychopaths, intelligence, whether high or low, has almost no bearing since psychopathy is above all a 'defect' in the emotional sphere and not an intellectual defect.

The problem has been raised as to the correct diagnosis of those with mental defect; that is, whether or not they can be properly labeled as psychopaths.<sup>1</sup> But this is not the

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1. Harry F. Darling, M.D., "Derinition of Psychopathic Personality", The Journal of Nervous and Mental Disease, 101:(No.2) 121-126, February, 1945.

population densities of certain groups in a highly urban and metropolitan area.

TABII II.

NATIONAL BACKGROUNDS OF TWENTY-EIGHT PATIENTS

Nationality	No.	Per cent
Mixed (Anglo-Saxon)	14	50
Irish	7	25
Irish	3	10.75
French	2	7.14
German-Irish	1	3.57
Swedish	1	3.57
Total	28	100

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writer's concern. It is, however, important to indicate that the pattern of intellectual abilities, as revealed by a reliable test,<sup>2</sup> follows in general the curve which is accepted for the population as a whole. One can observe at once the relatively normal distribution of scores which includes a central tendency and a symmetrical distribution both above and below average scores. The normal or average, which ranged from an Intelligence Quotient of 90 to 109 included thirteen cases (46.4%). The remainder were almost evenly divided with seven cases (25%) below, and eight (28.6%) above normal. While no definite correlation between Intelligence Quotient and grades attained has been made, it has been determined that a majority (82.2%) managed to get through grammar school and only 17.8% up to and including the third year of high school.

TABLE III.

## INTELLIGENCE RATINGS OF TWENTY-EIGHT PATIENTS

Intelligence Quotients	No.	Per cent	Classification
60 - 69	1	3.57	Moron
70 - 79	1	3.57	Borderline
80 - 89	5	17.85	Dull Normal
90 - 99	7	25.00	Normal
100 - 109	6	21.42	Normal
110 - 119	6	21.42	Superior
120 - 129	2	7.14	Very Superior
Total	28	99.97	

2. The Wechsler-Bellevue Intelligence Scales are used throughout so that the I.Q.'s are consistent with each other. See James L. Mursell, "Psychological Testing", p. 121, ff.



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Total	28	99.97	

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 See James L. Mursell, "Psychological Testing", p. 121, ff.



TABLE IV.  
GRADES COMPLETED BY TWENTY-EIGHT PATIENTS

Grade	No.	Per cent
1	1	3.57
2	0	0
3	1	3.57
4	1	3.57
5	4	14.28
6	3	10.72
7	4	14.28
8	9	32.14
9	1	3.57
10	3	10.72
11	<u>1</u>	<u>3.57</u>
Totals	28	99.99

No one was graduated from high school despite the fact there were eight cases (28.6%) with superior or very superior intelligence ratings. The correlation between Intelligence Quotient and grade attained in these cases was relatively low, which further showed that school progress and adjustment depended less on native intellectual endowment exclusively than is commonly supposed.

Another important factor with which we are dealing here is age. Studies of psychopathy have indicated that it is most often revealed in the early years, with adolescence the period when psychopathy is seen at its highest incidence. Of the total cases, six (21.4%) fell in the age group of sixteen to twenty years inclusive. This was the greatest single number in any one age group. In the first four groups, which include ages ten to thirty inclusive, fell fourteen cases (50%), and

TABLE IV.

GRADES COMPLETED BY TWENTY-EIGHT PATIENTS

Grade	No.	Per cent
1	1	3.33
2	0	0
3	1	3.33
4	1	3.33
5	4	14.28
6	3	10.71
7	4	14.28
8	9	32.14
9	1	3.33
10	3	10.71
11	1	3.33
Totals	28	99.99

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TABLE V.

## AGE GROUPS OF TWENTY-EIGHT PATIENTS

Group	No.	Per cent
10 - 15	2	7.14
16 - 20	6	21.42
21 - 25	3	10.72
26 - 30	3	10.72
31 - 35	4	14.28
36 - 40	4	14.28
41 - 45	1	3.57
46 - 50	3	10.72
51 - 55	0	0
56 - 60	2	7.14
Totals	28	99.99

in the following two groups, eight cases (28.6%); so that twenty-two cases (78.6%) were found in the first six age groups. That six cases (21.4%) were not diagnosed until after age forty is some evidence that it has been entirely possible under certain circumstances to adjust in the community without becoming so involved in anti-social behavior to have warranted commitment at an earlier time. (See Table XI)

The incidence of alcoholism in these cases was rather high, generally speaking, but only three of them (10.7%) were given the added parenthetical<sup>3</sup> diagnosis of "chronic alcoholism". As was revealed by the court records, drunkenness was

3. A parenthetical addition to a standard diagnostic label serves primarily to denote generally a primary factor in the development of the illness as already diagnosed; e.g., "Without Psychosis, Psychopathic Personality, mixed type", is a standard diagnostic label to which (chronic alcoholism) may be added to show that it was a factor in the illness.



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16 - 20	6	21.43
21 - 25	3	10.72
26 - 30	3	10.72
31 - 35	4	14.28
36 - 40	4	14.28
41 - 45	1	3.57
46 - 50	3	10.72
51 - 55	0	0
56 - 60	2	7.14
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by far the most common single offense and was a contributing factor in a majority of others. One has only to consider its uninhibiting effects to understand why or how the habit of drinking as a form of emotional release was so predominant. Those whose emotional systems were already defective were perhaps more apt to resort to alcohol than those of more stable constitutional makeup who could find socially acceptable forms of release. Among the total number of cases, there were six (21.4%) who used liquor but did not use tobacco, and three (10.7%) who used tobacco but did not use liquor, and fifteen (53.6%) who combined the habits. Taken together, there were twenty-one who used alcoholic beverages and eighteen who used tobacco. Only four (14.3%) neither drank nor smoked and of these, three were under seventeen years of age. It is significant that of all those that either drank or smoked, there were a greater number who did it excessively than not.

In three or four cases military service played a part in the patient's first resort to alcohol. Inasmuch as only fourteen men (50%) had any connection with military service of any sort, these represent about one-fifth of that particular group. The greatest number of men served in the Army. There were seven (50%); three (21.4%) in the Navy. One man who had been in the C.C.C. for one year later joined the Navy, but was in for only ten days when he was given a Special Order discharge on grounds of Mental Deficiency. Still another, who had been in the Navy for nearly two years in World War I, later joined



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TABLE VI.

## HABITS OF TWENTY-EIGHT PATIENTS

Habit	No.	Per cent
Use of Alcohol	6	21.42
Use of Tobacco	3	10.72
Use of both	15	53.57
Abstinent	<u>4</u>	<u>14.28</u>
Totals	28	<u>99.99</u>

TABLE VII.

## MILITARY SERVICE OF FOURTEEN PATIENTS

Branch or Service	No.	Per cent
Army	7	50.
Navy	3	21.42
National Guard	1	7.14
Merchant Marine	1	7.14
Civilian Conservation Corps	<u>2</u>	<u>14.28</u>
Totals	14	<u>99.98</u>

TABLE VI.

## HABITS OF TWENTY-EIGHT PATIENTS

Habit	No.	Per cent
Use of Alcohol	8	21.42
Use of Tobacco	3	10.72
Use of both	15	52.87
Abstinence	4	14.28
Totals	28	99.99

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National Guard	1	7.14
Merchant Marine	1	7.14
Civilian Conservation Corps	2	14.28
Totals	14	99.98



the Merchant Marine and served only one week. He was discharged after a fight in which he was seriously hurt. The average length of service was slightly over two years, but the extremes were from one week to three and a half years.

To differentiate among the various types of offenses for which these twenty-eight people were committed would entail a lengthy list, especially to enumerate the details as, for example, in the types of assault. Generally speaking, assault of one form or another occurred in eight (28.6%) cases, and sexual misbehavior in eleven (39.3%). There is no clear-cut line because the latter is very often a part of an assault or vice-versa. The rest are singularly different types of offenses including drunkenness, vagrancy, armed robbery, and driving so as to endanger. But irrespective of the immediate precipitating incident it is indeed indicative of a kind of maladjustment to see that twenty-four cases (85.7%) had previous court records, while only four (14.3%) did not. Court records naturally varied in length and in type. Of the 86%, it divided almost equally as to the length of record existing in each case. A rough estimate shows that nine (32.1%) were long, eight (28.6%) medium, and seven (25%) were short. These estimates, however, do not reflect the content of the records as to the types of offenses.

Table VIII shows only the final offenses which incurred commitment and give no indication of the character and scope of previous offenses of the twenty-four patients who already



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TABLE VIII.

## TYPES OF PRECIPITATING OFFENSES OF TWENTY-EIGHT PATIENTS

Offense	No.	Per cent
<u>Group I - Psychosexual</u>		
Abduction, statutory rape	1	3.57
Assault and battery (all types)	8	28.57
Lewdness, unnatural acts, etc.	<u>11</u>	<u>39.28</u>
Totals	20	71.42
<u>Group II - Others</u>		
Robbery and larceny	4	14.28
Drunk	1	3.57
Driving so as to endanger	1	3.57
Vagrancy, etc.	<u>2</u>	<u>7.15</u>
Totals	8	28.57
Overall Totals	28	99.99

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In much the same manner the amount of social service prior to the person's commitment has been judged solely on a basis of the number of registrations evidenced by the community index. While this does not portray adequately how much or how little case work service was given or made available, it is some indication that the community has been aware of the existence of problems in these situations.

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<u>Totals</u>	<u>20</u>	<u>71.12</u>
<u>Group II - Others</u>		
Robbery and larceny	4	14.28
Drunk	1	3.57
Driving so as to endanger	1	3.57
Vagrancy, etc.	2	7.14
<u>Totals</u>	<u>8</u>	<u>28.57</u>
<u>Overall Totals</u>	<u>28</u>	<u>99.69</u>

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By and large, however, the agencies most often indicated were public, with financial relief as the most frequent reason for the contact. This was true in twenty-six (34.2%) instances of a total registration of seventy-six including those on both the individuals concerned or their parents in the event the individuals were minors.

TABLE IX.

## AGENCY REGISTRATIONS OF SEVENTEEN PATIENTS PRIOR TO COMMITMENT

Agencies	No.	Per cent
Public Welfare (all types)	26	34.21
Family	5	6.55
Children's	2	2.62
Protective	7	9.17
Hospital and clinic	15	19.87
Probation, parole, confinement	8	10.48
Other	<u>13</u>	<u>17.11</u>
Totals	76	100.01

Table IX is representative of only seventeen cases (60.7%), since eleven cases (39.3%) had no agency contact of any sort. The amount of contacts varied with each case and the distribution was fairly wide. The agencies with the lowest number of contacts were those which perhaps should have been most active, namely, the family and children's agencies. As the figures show, they represent those with the lowest number of referrals.

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Of the seventeen cases with registrations, ten (58.8%) were those which involved a patient who was married at the time of the agency contact. The other three (17.6%) were concerned with minors, ages fourteen to sixteen. This would seem to offer some evidence that those who did marry or were married had some community agency contact necessary to maintain a balance of social stability.

There were fifteen men (53.6%) who were or had been married at the time of their admission, which means thirteen (46.4%) were single. Of the latter group, seven were over twenty-one years of age, which might be considered a marriageable age. There was only one who married under this age, and because he was only nineteen years old, he needed parental consent which was granted only after efforts to put off the marriage had failed. Among the fifteen who were married, their marital relationship at the time of commitment was somewhat diversified. There were nine (31.1%) living with their wives, two (7.1%) were divorced; two (7.1%) were separated; and two (7.1%) were widowers. Of the nine living with their spouses, three had been married a second time, two of which followed the death of their first wives, and only one after a previous divorce.

On the whole these patients diagnosed as psychopathic personalities showed that they wanted to marry as much as anyone else. Their marital adjustments, however, were overshadowed by greater difficulty because, as potential



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TABLE X.

## MARITAL STATUS OF TWENTY-EIGHT PATIENTS

Classification	No.	Per cent
Single:		
Over 21	7	25.
Under 21	<u>6</u>	<u>21.42</u>
Totals	13	46.42
Married:		
Living with wife	9	32.14
Divorced	2	7.14
Separated	2	7.14
Widowers	<u>2</u>	<u>7.14</u>
Totals	15	53.57
Overall Totals	28	99.99

psychopaths, they were incapable of meeting its demands for responsibility and social integration. As some cases revealed, the family head often left his wife and family when he could no longer stand the pressure of responsibility.

With regard to previous hospitalizations and diagnoses, there were only eleven cases concerned, one of which had been hospitalized on two previous occasions. There had been nine previous admissions for mental symptoms and three for primarily physical symptoms. Of the nine with mental symptoms, however, only one previous diagnosis approximated that of "psychopathic personality"; and three diagnoses of 'primary behavior disorders' re-shadow the later diagnosis. This implies that the behavior disorder became aggravated, and

TABLE X.

## MARITAL STATUS OF TWENTY-EIGHT PATIENTS

Classification	No.	Per cent
Single:		
Over 21	7	25.0
Under 21	5	17.9
<u>Totals</u>	<u>12</u>	<u>42.9</u>
Married:		
Living with wife	9	32.1
Divorced	2	7.1
Separated	2	7.1
Widowers	2	7.1
<u>Totals</u>	<u>15</u>	<u>53.0</u>
<u>Overall Totals</u>	<u>27</u>	<u>95.9</u>

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TABLE XI.

PREVIOUS AND PRESENT HOSPITALIZATION WITH DIAGNOSES  
OF ELEVEN PATIENTS

Previous Diagnosis	Type or Hospital	Age	Present Diag- nosis sub- classifications	Age	Time Lapse (in yrs.)
Neurasthenia and hypochondriasis	General	39	Mixed type	39	.08
Poliomyelitis, acute anterior	General	14	" "	31	16.
Constitutional Psychopathic state emotional instability	Naval	19	" "	19	.50
Hysteria, acute, mani- fest by amnesia	Army	20	" "	20	.33
Psychoneurosis, anxiety (mild)	Army	35	" "	36	.75
Epilepsy, grand mal, with mental deterioration	Veterans'	22	" "	46	24.
Post-traumatic epil- epsy with mental deterioration	General	13	Asocial and amoral trends	14	.50
Primary behavior dis- order in children; conduct disturbance; (epilepsy)	State	14			
Primary behavior dis- order in children; conduct disturbance	State	14	" "	16	1.33
Primary Behavior dis- order; simple adult maladjustment	State	33	Pathological sexuality	40	7.
Without Psychosis, Moron	State	17	"	25	8.
Without Psychosis, Moron	State	14	"	16	1.5

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Psychoneurosis, anxiety (mild)	Army	" "	36	.75
Epilepsy, grand mal, with mental deterioration	Veterans	" "	48	24.
Post-traumatic epilepsy with mental deterioration	General	Associated and amoral trends	14	.50
Primary behavior disorder in children; conduct disturbance; (epilepsy)	State		14	
Primary behavior disorder in children; conduct disturbance	State	" "	16	1.33
Primary Behavior disorder; simple adult maladjustment	State	Psychological sexuality	40	7.
Without Psychosis, Moron	State	" "	25	8.
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evidence of the patients' not learning from experience was later demonstrated. That more of the previous diagnoses did not approximate the present one implies that the pattern of social maladjustment either had not developed or, if it had, enough evidence of it had not been obtained to justify such a diagnosis.

TABLE XII.

## DIAGNOSTIC SUB-CLASSIFICATIONS OF TWENTY-EIGHT PATIENTS

Sub-Classifications	No.	Per cent
Mixed type	17	60.72
Pathological Sexuality	5	17.85
"       Emotionality	0	0
Asocial and Amoral trends	<u>6</u>	<u>21.42</u>
Totals	28	99.99

Taking all diagnostic classifications as a whole, the total cases reveal that the majority showed mixed symptomatology enough to warrant the catch-all sub-classification of "Mixed type", three of which were chronic alcoholics. Only five (17.6%) showed distinct 'pathological sexuality', and six (21.4%) with 'asocial and amoral trends.' There were none sub-designated 'pathological emotionality.'

In retrospect the survey of this small group has shown that most of them developed psychopathy at an early age, that their pattern of intellectual abilities conforms to the established norm, and that they tried, however unsuccessfully, to



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Taking all diagnostic classifications as a whole, the total cases reveal that the majority showed mixed symptoms. Only enough to warrant the catch-all sub-classification of "Mixed type", three or which were chronic alcoholics. Only five (17.85) showed distinct 'pathological sexuality', and six (21.42) with 'asocial and amoral trends'. There were none sub-designated 'pathological emotionality'.

In respect the survey of this small group has shown that most of them developed psychopathy at an early age, that their pattern of intellectual abilities conforms to the established norm, and that they tried, however unsuccessfully, to



adapt themselves to their milieu. Some joined the various services (Army, Navy, C.C.C., or Merchant Marine) not only from a sense of patriotism, but from economic need, and not necessarily to escape the harsher responsibilities of civilian life. Many patients married and were still living with their wives and families, although not always harmoniously. The majority had socially accepted habits of drinking and smoking, but many of them exhibited a tendency toward excess rather than moderation. The need to strike a balance between more normal living and their own level as determined by their emotional limitations was most often sought by the excessive use of alcohol. But, as court records revealed, the psychopath did not always need a 'drug' to break down inhibitions. It was his misfortune that he often acted anti-socially without a drug, although it probably served to break him down more quickly and caused him to act all the more irrationally.

As far as prior social service community contacts were concerned, the majority of contacts were made by patients who were family men, with public assistance as the type of agency most often contacted. Only a few of the patients had been in hospitals before for mental symptoms, and their diagnoses showed a relatively wide range as compared to final diagnosis, the majority of which reflected a mixture of symptomatology.

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### CHAPTER III

#### THE HISTORICAL FACTORS

#### B. THE ADJUSTMENT FACTORS

Childhood

School

Home/Family

Marital

Work

Military Service

Social Service

The assessment of an adjustment is at best relative and is arrived at from viewpoints which are often subjective. It is very difficult to draw clear-cut lines between a variety of possible classifications of adjustments, and one has to depend more often on experienced observation than on scientifically deduced formulae. Just as in the course of evaluating intelligence, the significant thing is one of individual differences, without which any system of classification is impossible. It should be especially remembered that the material from which the adjustments were evaluated was originally subjectively given and recorded. While this might appear to affect their validity, the important thing is that a poor adjustment in any single factor is never to be considered 'per se' as solely indicative of an abnormal behavior pattern.

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determining the patient's social adjustments. These factors are adjustments of childhood, school, home and family, marital, employment, and military service. In addition to these, and equally significant, is the record of social service as registered with the community index.

As is usually true, it is a matter of degree whether one is poorly or fairly adjusted to one's home environment, for example, and too many other factors are involved to try to be precise. It is not the writer's purpose to differentiate on specific details with every individual, but to note the significance of individual adjustment as it bears on his overall community adjustment.

To evaluate an adjustment as good, fair, or poor, it has been necessary to rely on degrees of individual differences between what could be considered good, fair, or poor, not only in terms of normally accepted social adjustment, but also of abnormal behavior. Thus, for example, a man who has spent twenty-five years at one simple manually operated machine may be said to have had a good adjustment in one sense, but not when one considers that he lacked ambition and turned down every offer to advance himself. Essentially, it was an abnormal situation. It is hard to divorce one kind of adjustment from the total picture because only in the latter are the relative aspects of the factors more easily observed.

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playmates, their ages in relation to his, whether or not he was a leader or follower, and the presence of neurotic traits such as nailbiting, night terrors, etc. If the evidence weighs heavier with positive responses, a good adjustment can be presumed; and, by the same token, a fair or poor adjustment depends on where the 'balance' lies. Of course all the answers to such questions that serve as criteria were not always obtained in the original histories. And too, in many cases where responses were made, their validity had to be based on the reliability of the informants. Final judgment has invariably been a product of all the factors taken under consideration and from which an evaluation, relative to the total picture, was made.

Educational adjustment is similarly arrived at. The age a child enters school, his progress, intellectual ability, conduct, adjustment to both teachers and classmates, effort and interest, grade attained, and outstanding achievements or difficulties are the determinants.

If military service was part of his career, not only is the type of discharge an important factor, but also position, length and kind of service, conduct, and any injuries. The length of time a man is on a job is important and the kind(s) of work he does. Interest, ambition, and application are measures of adjustment just as any abilities that may be demonstrated, such as the ability to be resourceful, or to show initiative. Why a man leaves a job also is indicative of how



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he adjusted.

In the realm of family and home life, such changes as those of residence, financial status, and intra-family relationships are keys to these adjustments. A family which has to depend on community agencies a great deal is less able to care for itself and reflects some inner weaknesses. In the relations between a man and his wife, psychosexually speaking, their physical and mental compatibility, practices, and attitudes are significant. A married man who prefers self-abuse to normal relations is hardly adjusted to marriage, but may be showing regression to an earlier practice. As Dr. Kahn has so well indicated about the psychopath, his behavior or maladjustment is to be seen as the function of a pathologic person, and not as the response of a normal person to a difficult environmental situation.

A cursory examination of Table XIII shows at once that the balance of adjustment is far more to the 'poor' side than to the 'good'. Percentagewise, five out of seven categories each showed poor adjustment in sixty per cent or more of the cases. For the same five categories, the percentages of 'fair' adjustment is between 20 and 25 per cent, and between 7 and 15 percent for 'good' adjustment. Roughly speaking, this works out on a ratio basis as follows: 'Poor' adjustment occurs five times more often than 'good', and more than twice as often as 'fair'. The pattern of figures as evidenced within these five adjustment factors does point them up as important factors of



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TABLE XIII.

## ADJUSTMENT RATINGS OF PATIENTS IN SEVEN CATEGORIES

Adjustment	No. of Patients	GOOD		FAIR		POOR	
		No.	Per cent	No.	Per cent	No.	Per cent
Childhood	25	3	12.0	6	24.0	16	64.0
School	28	5	17.6	6	21.4	17	60.7
Marital	15	2	13.4	3	20.	10	66.6
Home and/or Family	28	2	7.1	7	25.	19	67.9
Work	26	6	15.5	4	23.	16	61.5
Military Service	14	7	50.	0	0	7	50.
Social Service	17	0	0	11	64.7	6	35.3

adjustment, and also that they are situations which involve the periods of greater development and maturation.

For the two categories, Military Service and Social Service, the percentages and ratios fall into only two comparative groups. They are, on the whole, less important and less representative of overall community adjustment. Here they indicate areas of more satisfactory adjustment.

Some of the significance of these historical factors may be seen, for example, in the difference of diagnosis as obtained in a general hospital, where history or evidence of social adjustments is barely considered, and that of the mental hospital, which makes a more complete study including physical, mental, and social factors. The statement that social maladjustment is the ultimate criterion of psychopathic



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personality is sufficiently borne out by these facts. Although physical or neurotic symptoms may be present, evidence of a pattern of maladjustment, though not necessarily of anti-social behavior, is essential for a diagnosis of psychopathy.

Often for lack of substantial enough evidence of social maladjustment a person is not labeled psychopathic and then just as often, as a consequence, is described in terms of a behavior disorder. Again it is the evidence supplied in such factors as are under review that make the difference. There is an implication of a time factor; that is, time enough, under the present method of diagnosis, to allow a pattern of repetitive anti-social behavior to manifest itself whether it's within a month or twenty-four years.

The real difficulty, as it has to be so often stressed, lies in the matter of degree of differences between the so-called normal and abnormal. How very similar in basic principles are the lives of certain psychopaths can be aptly illustrated by the case examples which follow. As people suffering from a still unknown source of pathology, their responses to life are 'normal' to them but 'abnormal' to the majority of society which sets the norms, although even they are often enough far from being clear-cut or precise.



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## CHAPTER IV

### CASE SUMMARIES

It would be impractical to review in detail every case for the diverse examples of social maladjustment and how they become manifest. It is the writer's intention to review twenty-five per cent of them. Each will serve as a rather typical example of a certain type of maladjustment, yet without excluding other details which are as much a part of the total diagnostic picture and relatively just as important.

#### Case 1

The first case illustration is based primarily on poor marital adjustment.

G. B. was committed at the age of thirty-nine for allegedly assaulting his wife. Born in Italy, he came to the United States at an early age and readily adapted to his new environment. His father, a laborer, drank heavily, and his mother was nervous and high strung. The patient was thought to be the best of a worthless family although he was by nature a hypochondriac, and constantly brooding, self-centered and unambitious. G.B. completed only six grades. He was a fair student, but was more interested in earning money than in attending school. Intellectually he was of low average ability with an I.Q. of 96.

At age fifteen he started to work as a laborer and remained at the same job for twenty-four years, refusing every opportunity to improve himself. He was discharged finally because of drunkenness and arguments with other employees, the management



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At age fifteen he started to work as a laborer and remained at the same job for twenty-four years, refusing every opportunity to improve himself. He was discharged finally because of drunkenness and arguments with other employees, the management



having previously tolerated his behavior because of his long tenure. After this he wandered from job to job and had intervening periods of unemployment. Besides, his court record made it increasingly difficult for him to find work. Between the ages 22-39, G.B. had been arrested 22 times for drunkenness for which he spent three months in the House of Correction. In addition, he was charged with non-support three times, and twice before for assault and battery on his wife prior to the precipitating incident.

After his marriage at the age of 26, G.B. began to drink more heavily and increased still more after he lost his old job. Liquor made him loud, ugly, and belligerent. His wife, of Scotch descent, was four months pregnant when they married much against family opposition because of national differences. They had known each other only six months. For the first few years they were happy, and five children were born; she aborted twice. But sexual disharmony prevailed, with the patient being unsatisfied so that he began to stay out nights. He admitted extra-marital relations. His wife had expressed her belief in his infidelity. There was a great deal of friction, quarrels, and arguments often ending only after neighbors summoned the police. The patient's wife consequently became very nervous and was seen at a clinic where the psychiatrist recommended a divorce on grounds of incompatibility. The divorce was never sought and they reconciled, but before long they were quarreling again.

The patient, according to his wife, was quiet, agreeable, and generally pleasant; and early in the marriage he was satisfied with his lot and was a good husband and provider. He liked and enjoyed his children. On the other hand he was unambitious, impractical in handling money, or managing, and overly concerned about his health. Actually he had rheumatic fever several years past and suffered recurrent attacks, but nevertheless he complained continually of somatic ailments. According to some of the agencies with which the family had registered, the patient's wife constantly nagged. Because she, too, left the children after he had gone out, the SPCC were once called on to investigate home conditions. Discord had been constantly increasing for several years prior to the patient's commitment and it is in this period, after having lost his original job, that the patient



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declined rapidly. A few days before the precipitating incident, the patient had been discharged from a general hospital where the diagnosis was "Neurasthenia and Hypochondriasis." After a period of a month's observation, however, in the State Hospital he was diagnosed as "Without Psychosis, Psychopathic Personality, Mixed type."

In this example of psychopathic behavior, the factors show the usual early symptoms as are evidenced here by poor constitutional makeup and an inferior kind of family whose instability and immaturity is marked. The patient, of low average intelligence, went to work at an early age and showed no ambition or responsibility, but refused opportunities for advancement and remained for twenty-four years at one machine. In accord with his emotional drives, he married a girl of Anglo-Saxon origins much against family wishes. His inability to take on such a responsibility, especially with several children, was further complicated by his becoming more addicted to using alcohol. In turn he was arrested continually for drunkenness, non-support, and assault, all of which were characteristic of his instability and emotional immaturity. The offenses were repeated with no evidence of his profiting from experience, or of improving his behavior. The effect in the home of the patient's irritability and ugly moodiness when he was frustrated was to make his wife nervous and unstable, and to frighten his children. Although both parents were seen at a psychiatric clinic, they were uncooperative and made treatment practically impossible by their attitudes.



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The patient sought further satisfaction in extra-marital relations but was intolerant of his wife's seeking attention outside the home.

The basic incompatibility could not be breached and constant quarreling, irritability, and fights were the inevitable result. The patient was a hypochondriac, self-centered, and emotionally immature. He could hardly have been expected to adjust satisfactorily under the circumstances, and it is idle to speculate as to how he might have done or could do living by himself.

At 16 years of age he enlisted in the Navy, but after several months in naval prison for stealing aboard ship he was dishonorably discharged. From the time he was twenty-five to his present age he has had twenty-six arrests which included theft, assault, battery, rape, and other offenses. He was also arrested for larceny, and for possessing a woman. He was only twenty when he lost the sight in an eye after a fight. He worked primarily as odd jobs, generally with intermittent periods of unemployment.

During one such period he married a girl of a week's acquaintance. He was just twenty-four, and, too, was a dominant type of personality, and although their marriage was compatible at first, it soon developed into a state of mutual antagonism. The patient was a very poor worker. He was more concerned with his lack of work. She also frankly stated having married him because she felt sorry for him and his unhappy home life as a boy. In their own home life, however, as it was, they were constantly being interfered



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## Case 2

The case which follows illustrates primarily the effects of an extremely poor home life. Its effects are seen not only in the patient's own early youth but again in his own family life.

F.C. was 43 years old when he was committed, after he had become hysterical in a drunken state over his wife's late homecoming. F.C. was the second of four children, whose parents were divorced when the patient was twelve years old. His father, who showed no interest in his home or family, drank excessively and associated with other women. He barely supported and even rejected his children. The patient, as a growing child, became very attached to his mother with whom he sided in family arguments. He consciously avoided his father and disobeyed him. F.C. had superior intellectual ability as revealed in an I.Q. of 133. In school he was bright and received good grades. There were, however, frequent transfers, including three years in Canada. He was graduated from grammar school, but in his first year of high school, was allegedly expelled for smoking.

At the age of sixteen he enlisted in the Navy, but after several months in naval prison for stealing aboard ship he was dishonorably discharged. From the time he was twenty-five to his commitment, he had twenty-six arrests which included seven for assault and battery, eight for drunkenness, six auto offenses, two for larceny, two for breaking and entering, one for non-support, and one for accosting a woman. He was only twenty when he lost the sight in an eye after a fight. He worked primarily at odd jobs, generally with intermittent periods of unemployment.

During one such period he married a girl of a week's acquaintance; he was just twenty-four. She, too, was a dominant type of personality, and although their marriage was compatible at first, it soon developed into constant and consistent faultfinding on the part of each. She was most concerned about his lack of work. She also frankly admitted having married him because she felt sorry for him and his unhappy home life as a boy. In their own home life, however, such as it was, they were constantly being interfered



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During one such period he married a girl of a week's acquaintance; he was just twenty-four. She, too, was a dominant type of personality, and although their marriage was compatible at first, it soon developed into constant and consistent quarreling on the part of each. She was most concerned about his lack of work. She also frankly admitted having married him because she felt sorry for him and his unhappy home life as a boy. In their own home life, however, such as it was, they were constantly being interfered



with by his mother who continued to be over-solicitous and protective of her son, both emotionally and financially. After two years of marriage, F.C. moved to another State and bought a house with funds his mother provided. After three years he and his wife returned with their three children when he decided to tour the country with them. For two more years they lived on whatever he earned at odd jobs. During this tour both parents were found to be venereally infected, and each charged the other with infidelity. The next five years were spent in more physically settled conditions, but the home situation was tense with dissension, strife, and constant instability. F.C. drank excessively and was arrested many times. His wife, on occasion, had to be returned home to care for the children. Several times he went to his mother's to stay. For nearly a year the family lived in another State where he tried farming on land that his mother had also bought. Finding it unsuccessful, they all returned again and the patient worked as a painter on a federal works project, which work he continued until he was nearly blind. His mother, meanwhile, gave him a house which had been converted into apartments and from which he derived some income. Having also previously separated from his wife, he now effected a reconciliation. Home life went smoothly for a while, but his lack of work again created a tense atmosphere, so he enlisted in the Merchant Marine. The first night aboard, however, he had an accident and as a consequence he finally became blind. Now, too, he became bitter, cynical, and sarcastic, and his quarrels increased. His threats of suicide were never really attempted. Then one night his wife returned late and he barred her from the house while he yelled hysterically. He was diagnosed as "Without Psychosis, Psychopathic Personality, mixed type (chronic alcoholism)."

In this example there is some evidence which can be easily traced to the individual's poor home life as a growing boy. Such a poverty of emotional security established a basic pattern of social maladjustment. In the main the patient was very dependent on his mother, not only for physical security, but emotional as well. This dependence, as can be observed, con-



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tinued almost consistently and abnormally even throughout his married life. The conditions of early environment had been very poor and adversely affected the patient's development. He was one of those whose intellectual capacity was very superior but was unable to use it to his best advantage. The symptom most indicative of psychopathy in his life was his erraticism, his restlessness and inability to stick with one job or home consistently. He never really had to face life because his mother made it easy for him, at least by solving his financial problems. From his court record, too, he showed a failure to profit from experience with his repeated assaults, drunkenness, auto offenses, etc. The patient lacked will-power (even to carry out a suicide threat) and certainly demonstrated no perseverance. He had great plans but could never really carry them out and always returned to his own mother for her assistance. Invariably she helped him out.

He showed chronic dependence on his mother, and to some extent on various welfare agencies, and always for financial assistance. At home, in school, work, service, and marriage, he found it difficult to adjust to the ordinary demands of society; and his response was in nearly every case a search for security which he never adequately found. The pattern of offenses, chiefly for stealing, not only in the Navy, but in civil life as well, was symptomatic of his basic need for emotional security. His marriage was based on his wife's



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sympathy for him, but she, like his mother, was over-zealous of his welfare, and they both became the objects of his aggressiveness and were blamed by him for his difficulties.

Projection, erraticism, egocentricity, and nomadism were characteristic of him and indicative of his psychopathy.

His superior intellectual ability had no effect on a real understanding of his own problems into which he had no insight.

who watched him closely. He did poorly in school, not having progressed beyond the fifth grade. He trunated a great deal. Intellectually he was of low average ability with an I.Q. of ninety-nine. When he was fourteen he left home and started a long career as a casual laborer, chiefly in mining and logging camps all over the United States and Canada. Invariably he worked just long enough to secure some funds which he spent quickly and foolishly, then he'd go back to work. He did, however, get along with fellow employees and his work was always satisfactory. He didn't marry until he was forty years old and then against family wishes, to a woman eight years older than he. She already had a six-year-old illegitimate daughter. They had another child, but that did not preclude the marriage from being unstable. Several times he just left home, and was put out once. After eight years, they separated.

Although he had earned good money driving a truck, he had shown no responsibility for supporting his family. When he was intoxicated he'd become violent and literally tear up the furniture. As a sober person, he was amiable but hard to please and unpredictable. He lied pathologically and was quick tempered. He'd leave the house, saying he was going out for cigarettes, and not return for days or weeks, with no one knowing his whereabouts. He was admittedly promiscuous, and had been drinking since he started to work. Careless and indifferent, he lived with one sister after another until he was forced to leave.

Because of his constant wandering, whatever he may have done in other areas is unknown; but in this State at least his court record is phenomenal, with about thirty-eight arrests, thirty-four of which were for drunkenness. The remaining offenses were for



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## Case 3

In this case the emphasis of the illustration is on a poor adjustment as revealed by a long court record.

J.D., committed at age fifty-nine for vagrancy and larceny, had always been an alien, having never become a United States citizen. Born in Canada, he was the fifth or twelve siblings, all else of whom except the first and eighth were girls. At home, they doted on him as did his overly-religious mother who watched him closely. He did poorly in school, not having progressed beyond the fifth grade. He truanted a great deal. Intellectually he was of low average ability with an I.Q. of ninety-nine. When he was fourteen he left home and started a long career as a casual laborer, chiefly in mining and logging camps all over the United States and Canada. Invariably he worked just long enough to amass some funds which he spent quickly and foolishly, then he'd go back to work. He did, however, get along with fellow employees and his work was always satisfactory. He didn't marry until he was forty years old and then against family wishes, to a woman eight years older than he. She already had a six-year-old illegitimate daughter. They had another child, but that did not preclude the marriage from being unstable. Several times he just left home, and was put out once. After eight years, they separated.

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assault and battery, non-support, vagrancy and larceny. He spent six months in the House of Correction, with fines and suspended sentences as the result of most arrests. His behavior in the home of one of his sisters was observed as rather peculiar, and it was right after he left there that he was arrested for vagrancy, and larceny for shoplifting. He claimed that the goods he had were unwrapped purchases, but his actions had been observed as unstable. He was diagnosed as "Without Psychoses, Psychopathic Personality, mixed type (chronic alcoholism)."

The factors in this case are perhaps more limited, but certainly there were constitutional factors which at the source contributed heavily towards the almost inevitable outcome, as this patient's adjustments demonstrate. The greatest single factor was his alcoholism which began at an extremely early age, fourteen; no doubt brought about by the kind of environment in which he found himself, having left home to go to work at that time. The very nature of his nomadic existence, plus the fact he worked and quit at his own discretion to spend amassed funds as he saw fit, reflects his instability. Whenever he was in the vicinity of his immediate relatives, he had no compunctions about living with and off of them, one after another, until he was forced to get out. A late marriage to an obviously poor type of woman only added to his maladjustment. Irresponsibility was keynoted throughout their relatively short marriage which finally ended in separation. Despite good earnings, he neglected his family and was concerned only with himself and his own satisfactions. Clearly his chronic alcoholism was getting the best of him when he was



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committed, and were he not to be held in custodial care he would soon have become psychotic. Early life amidst a family of women, including a dominant mother, practically drove him to wander over two countries during and long after his adolescent years, working and living at his own pace, coming and going only as he saw fit. Eventually he married an older woman, but their incompatibility began almost at once, so that he left home and assumed no responsibility for the support of their children. He was characteristically psychopathic as his life portrays, with vagabondage, vagrancy, irresponsibility, unpredictability, and repeated arrests for chronic alcoholism. In no way did he ever show stability and seemed destined to be constantly moving from one place to another like a man without a country.

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## Case 4

The case of W.J. highlights a poor work adjustment for which reason he left his own State to try anew where he was not known.

W.J. was arrested for assault with intent to rob, and because it was pleaded that he had seemingly undergone a personality change, he was committed for observation. At the time he was only nineteen years of age, married, and both he and his wife were living with his parents.

Early history showed that his childhood was rather normal and that the only manifest maladjustment was in school where he had trouble keeping up with his class. He repeated the third and seventh grades, and at age seventeen he was only in the first year of high school from which he withdrew to join the Navy. He had parental consent. No evidence of behavior problems was apparent from poor school adjustment. His I.Q. was only ninety-three, or low normal. The patient's naval service was for two years. He was discharged from a naval hospital whose final diagnosis was "Constitutional Psychopathic State, Emotional Instability", which it was said existed prior to service, but was not aggravated by it. In service he began to drink, to which he was highly susceptible. He became aggressive and argumentative after a couple of drinks. He became easily involved in many brawls, and was struck on the head many times as a result. When his parents remonstrated with him about his drinking, always done outside the home, he cried. On other occasions when he was asked to explain a past action, he cried and did not wish to be pressed further. As a person, he was friendly and sociable, but one who never had had a sense of responsibility or any cause to worry. He was sulky and teased if he didn't get his own way. He was not a serious-minded type and never had a particularly strong sense of character, and was rather naive. He did not lie or steal, nor did his parents feel he would maliciously do any harm.

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old and secured parental consent, but only after the parents had tried to have them wait. Their married life was compatible. The patient's sexual history shows he was treated for a venereal infection while in service. After his discharge he had been arrested for homosexual activity with two younger boys, for which he was put on probation.

His employment record shows, though briefly, that he was erratic and could not stand routine, any more than in the Navy. His first job he complained of as being tedious and confining. He absented himself freely until he was fired. His next job was for a contractor, but a fellow worker told their employer of the patient's police record and he was fired. This happened again on his next job at a factory. As a result he became moody, depressed, and finally came to this State to live with his aunt and to find new work.

Something of his character is revealed in his behavior adjustment as observed at the Naval Hospital. He was erratic in conversation, argumentative, threatened violence, and failed to observe Naval Regulations. Under hospital observation - on liberty - he went AWOL, and became threatening while intoxicated. He had temper tantrums, cried easily, and showed a dislike of Naval routine.

At home he showed a great contrast to his former behavior. Formerly respectful and obedient, now he was rude, irresponsible, selfish, unsociable, irritable, withdrawn, and aggressive. After misbehaving he showed remorse, promised to do better, but never had the will-power to keep his promise.

The existence of a personality defect in this case seems well substantiated by the confirmed diagnosis although there is doubt about the service aggravating it. One can readily surmise that his beginning to drink, with the consequent susceptibility to only one or two glasses, like the contraction of a venereal disease, were attempts to prove his masculinity.



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While his early home life was in every sense good, he didn't fare too well in school because of low normal intellect. He was not a behavior problem in any way until after having been exposed to the life of the service where he didn't have parental supervision. Routine and regulations were obnoxious to him in the Navy, and similarly in civilian life he showed no respect nor responsibility toward his employers and his jobs.

His behavior emotionally was like that of a child, with tantrums, crying, and aggressiveness to fight off the demands of society. His marriage, though within a short time prior to hospitalization, was more a socially acceptable form of release to him, for he assumed no responsibility as a husband and left it to his parents and his wife to bear. The weaknesses which he revealed in nearly every form of adjustment to life were those of emotional instability, lack of moral and economic responsibility, and an inability to profit by experience. He was not serious-minded but naive, sulky, and erratic. He did only as he pleased and if he were remonstrated with about his activities, he would become aggressive if he had been drinking; otherwise, he would cry, show temper, and act generally like a baby would who had been frustrated. Emotionally then, he was infantile and his adjustment to society was on an infantile level and consequently incompatible with what was expected of him.



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## Case 5

The following case example indicates chiefly inadequate school adjustment in spite of the patient's superior intelligence.

The case of W.W., a boy of sixteen, committed after a charge of vagrancy, is again basically akin to all others, in that the historical factors show in general an inability to adjust to social demands. He was only three years old when his parents were divorced because of infidelity. His father, described as selfish, cold, unemotional, and phlegmatic, has never since assumed any responsibility for his son. His mother remarried six years after the divorce, just as her ex-husband had done. W.W. was four years younger than his adopted brother who, after learning of his real status, was indifferent to him. Because their mother worked, they were left a great deal on their own. W. developed a liking for the outdoors and preferred to live out in a backyard tent. His mother died when he was thirteen years old.

In school, which he always disliked, W. was inattentive and a disturbing influence. He truanted often, but managed to get passing grades and got through grammar school. His I.Q. was 114, equivalent to superior intellectual ability. He left school during his first year in high school, however, to go to work at the age of fifteen. His court record showed only one offense prior to commitment; he was given six months' probation for allegedly stealing guns. He had no religious training because no one ever tried to see that he went to church. He brooded a great deal and was often depressed. He lied pathologically and was untrustworthy. He tried to be domineering and was quick-tempered. He carried a knife, used for whittling, but which he'd flash in a fit of anger. Basically, he was lonely and much preferred the country outdoors to urbanity and had only a few short-lived friendships. He was sensitive about his size and build, although he was indifferent about his personal appearance. He preferred comic books and adventure stories.



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By way of employment, W. worked for eight months on a farm and was a well adjusted, willing and obedient worker. He left over the disputed presence of a girl. His next two jobs were on another farm and at a riding stable, respectively, and again he adjusted satisfactorily under supervision. Thereafter he worked in a factory and in a tailor shop, but because they were indoor jobs, he left and joined the Merchant Marine and was sent to school in New York. He ran away, however, because of too many orders and lack of system. He returned to the same area in which he had joined, but lived alone in a shack in the woods for about two months when he was apprehended for vagrancy.

As for girls, he showed little interest in them usually, and it was only a rumor that he kept company with one in the barn of the riding stables.

Following his parents' divorce, he and his foster brother lived with their mother who, though often drunk and verbose, was affectionate toward and well-liked by the boys. The patient and his foster father did not get along, and after his mother died, the patient lived with his father and stepmother for two years; but because of the latter's rejection of him in addition to his father's indifference, the boy ran away several times and always went to a relative or friend close to his mother. He was diagnosed as a Psychopathic Personality, mixed type.

The youth of this case is something of a contrast with the previous example, Case 4; yet how similarly can one trace in their lives the resistance to order, authority, routine, and discipline. It mattered little how much intellectual capacity they had, as witness here superior endowment. In school he was uninterested, paid no attention and actually was a distraction in class. Perhaps because he had the native ability, he managed to graduate anyway, despite truancy and bad behavior. In view of the unstable, disruptive home life he had been exposed to, having lived at one time or another



By way of employment, W. worked for eight months on a farm and was a well adjusted, willing and obedient worker. He left over the disputed presence of a girl. His next two jobs were on another farm and at a riding stable, respectively, and again he adjusted satisfactorily under supervision. Thereafter he worked in a factory and in a tailor shop, but because they were indoor jobs, he left and joined the Merchant Marine and was sent to school in New York. He ran away, however, because of too many orders and lack of system. He returned to the same area in which he had joined, but lived alone in a shack in the woods for about two months when he was apprehended for vagrancy.

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with divorced parents and later with foster parents, it is no wonder that he was inwardly lonely and took to living, not only within himself, but expressly by living outdoors and trying to live in his own way. He managed well in his chosen environment of farms, stables, and the freedom of outside employment, and avoided difficulty. Inside work or Merchant Marine School were obnoxious to him, and he rebelled by running away and back to the open woods from which he was taken. In this particular instance, the possibility of his being able to adjust acceptably in the environment he preferred, offered an opportunity for him to get along under adequate supervision. The focal point in all his activities was one of attention seeking and glamorizing himself in fantasy, to which the comic and adventure stories, the body-building literature, and knife-carrying bear witness. But undercurrent to his adjustment even in school was his antipathy to authority and the necessity for routine procedure in group settings. His reaction was always to escape such a demand and do as he alone saw fit.

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In school he did very poorly and had to repeat the fifth and seventh grades. Meanwhile, he had been sent to a State training school and after failing everything in grade seven, was transferred to a Vocational School which he left after about a month, when he was already sixteen. Intellectually, he was only low normal with an I.Q. of ninety-three. Within a period of eighteen months, he had been arrested three times for assault and battery on girls, the third time with a knife; and each time he had been sent to a training school for confinement. At home during this period of difficulty he showed himself



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## Case 6

In the situation described below, a very poor childhood adjustment is the paramount factor.

R.C. was sixteen years of age at the time of commitment for allegedly assaulting a boy younger than he with intent to rob. Only sixteen months prior to this he had been observed in another State hospital and diagnosed as a "Primary Behavior Disorder; conduct disturbance." The prognosis was stated as poor with the probability of future trouble. A similar, poor prognosis was envisioned in view of repetitive offenses which indicated that he didn't profit from experience. His behavior eventually led to tragic ends, for he was indicted and found guilty of murder. The youth was the third of seven siblings all of whom were boys except the oldest, a girl, known to be promiscuous.

The paternal side of the family was of poor constitutional makeup, the father having been committed to a mental hospital for several years, which left the wife and children dependent on public assistance. He had been a laborer, which made for an economically insecure home. The patient's mother was not a warm or aggressive person, and maintained no home discipline. When the children became too unyielding, she would summon police assistance. The boy himself at first got along with his siblings; but as he grew he began to be more by himself, more nervous and restless, and always looking for adventure. He began to lie and steal at an early age. He was sensitive and easily hurt. Neither did he have any real friends.

In school he did very poorly and had to repeat the fifth and seventh grades. Meanwhile, he had been sent to a State training school and after failing everything in grade seven, was transferred to a Vocational School which he left after eight months, when he was already sixteen. Intellectually, he was only low normal with an I.Q. of ninety-three. Within a period of eighteen months, he had been arrested three times for assault and battery on girls, the third time with a knife; and each time he had been sent to a training school for confinement. At home during this period of difficulty he showed himself



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to be arrogant, overbearing, overconfident and boastful. He was quick-tempered, and had little interest in anything but sex. He had worked afternoons as a pin-boy and enjoyed it. His attitude whenever he was arrested for an offense was that he would 'beat the rap', and he showed no concern for his acts, all of which were by nature sexual delinquencies. His own mother eventually became afraid to leave him alone in the house with any of his younger siblings lest he become violent toward them.

The diagnosis following this second period of observation was determined as "Without Psychosis, Psychopathic Personality, with asocial and amoral trends." As already noted the outlook was very unfavorable and no recommendations were made.

Despite not being able to state precisely what role constitutional factors may have played in the development of his character and personality, it is possible to see how his functioning was normal to him as a pathologic person but abnormal in the socially accepted sense. Both very poor home and school adjustments, partly as a consequence of low intellectual capacity, and partly due to inadequate family life contributed heavily to his self-centered manner of satisfying his emotional needs. What at first appeared as a conduct disturbance was eventually shown by the repetitive nature of his assaults to indicate an asocial and amoral type of psychopathy from evidence that he failed to learn from experience. Basically, the boy manifested psychopathy by his impulsive aggressiveness, usually in the form of sexual delinquency. He was not by nature gregarious, even with his own siblings to whom his mother felt he would do violence. He is best



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described as the lone-wolf type with no other interests but sex and adventure.

The arrogance, overbearing and overconfident attitude he showed when under arrest, with utter lack of concern or remorse for his actions, are not atypical of the psychopath. The absence of conscience, or, rather, the inadequate development of one, is aptly illustrated by the personality described here. It is this type, whose extreme anti-social behavior is of a dangerous nature, that adds considerably to the problems of treatment and custodial care.

He was an energetic boy, but his energy was generally directed toward being fresh to teachers, a bully to other children, and being a constant disciplinary problem. Finally, his father obtained a medical certificate for him at age sixteen, and the patient quit school altogether. His work record shows that he did unskilled labor both prior and subsequent to the war. He also had worked in a drugstore, and before his induction he was employed under Civil Service for the Quartermaster Corps, U.S. Army. Following his Army discharge, he did only casual labor.

At home he was part of a large family whose support depended a great deal on public assistance, mostly because his father was too ill to work. The patient's mother perceived him a great deal. He was described as impulsive, erratic, and ruled by his emotions. He had no sense of responsibility, and put any blame on the other fellow. He became belligerent when he was corrected. He did not profit from experience, was suggestible, and backed down whenever his bluff was called. He was nervous and irritable, some of which may be traced to his army service.

The patient enlisted at the age of seventeen, and was hospitalized shortly thereafter for pleurisy.



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## Case 7

The emphasis in the case of E.S. is predominantly on inadequate adjustment to the military service, probably as a result of earlier developmental factors.

E.S. was admitted at the age of twenty-one on the basis of his previous medical history coupled with a pending Grand Jury inquiry into a serious automobile accident in which a passenger was killed. The patient's history reveals little early background material except to note he was the tenth of sixteen children with whom he is said to have always been on good terms. While no specific instance of home difficulties are known, his school record revealed a consistent pattern of lack of interest, truancy, lateness, and poor academic record, despite the fact he was of superior intellectual capacity with an I.Q. of 116. He was kept back in grades one, five, and eight, after which he was sent to trade school where, because he liked manual work better, he showed more interest.

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He volunteered for overseas duty, and because he proved himself to adapt well to infantry tactics he was commissioned as an officer in the Rangers. His prowess and bravado, however, didn't always meet with approval. He was courtmartialled on one instance for assault and battery with attempt to rape. In addition he was tried many times for drunkenness. He was injured in combat, unconscious for eight days, and finally returned to an Army convalescent hospital in the United States where he was diagnosed as having "Hysteria, acute, manifest by amnesia." In 1945 he was finally given an honorable disability discharge.

The patient was unmarried although he was said to have had many girl friends. He drank intemperately and was seen drunk as early as age seventeen. Alcoholism was a primary factor in his problem and it was this, coupled with his generally unstable personality, aggravated by military service, that had been common to most of his anti-social behavior. His court record began with his having taken an automobile without authority when he was sixteen. During 1945 he was arrested eleven times, chiefly for traffic law violations but also for drunkenness, disturbing the peace, assault and battery, and the precipitating incident of alleged manslaughter. He had, however, never served any sentence prior to his observation.

The diagnosis, based on evidence of his social maladjustment was "Without Psychosis, Psychopathic Personality, mixed type."

It would appear that in this case there is something unique in the way in which a single environment, military service, served this patient as both an acceptable form of release on the one hand, and as a source of difficulty on the other. Early home and school adjustments were obviously poor, so that he was in minor difficulty even before his Army induction. The Army, especially in combat, gave him an acceptable outlet for his aggressiveness and anti-social drives.



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By contrast, it limited these same drives by strict discipline and conduct expected of him under ordinary social circumstances. But characteristically, he couldn't be bound by restrictions, and his conduct caused his being courtmartialled.

The characteristics of his behavior most commonly manifested were his erraticism and irrational lack of caution. For these qualities he was commissioned during the war in the Rangers, a special type of combat unit which put a premium on the disregard for one's personal safety. There is no evidence of his having used his superior intellectual ability to curb his emotional outbursts, and the latter mark the general pattern, aided generally by alcohol, of his anti-social acts. Basically, he had an unstable personality and could not adjust himself to routine and discipline. This is aptly borne out by his lack of interest and bullying in school, his being pampered at home, and a lack of self-discipline in the Service, evidenced by courts-martial. In no way could he adjust satisfactorily. His record of offenses is all the more striking because of its limited duration, although it included both major and minor anti-social acts for which he felt no personal responsibility.

The factors demonstrated certain statistical values as concerns this particular group. It was noted that religiously, they were affiliated to the two main Christian sects with an almost two-to-one ratio of Catholics to Protestants. To a



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## CHAPTER V

### SUMMARY AND CONCLUSIONS

The purpose of this study has been to investigate the role of certain factors in the adjustment of a group of twenty-eight males prior to their observation and diagnoses of psychopathic personality. Emphasis has been on both outline and adjustment factors as they reveal social maladjustment, and, by implication, of how society has reacted to these men. The presentation of data and statistics has been based on all cases insofar as each may have been concerned with the individual factor under discussion. Case summaries have been presented on one-fourth of the group and each one, though similar in principle, has been given to try to point up a particular example of social maladjustment within one factor. By and large, the background factors have tended to show trends consistent with the general theories of psychopathy. The resultant evaluation of adjustments showed a predominance of 'poor' social adjustments, mostly in childhood, home, and school.

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great extent, however, this affiliation was traceable to national origins which for the most part (50%) were mixed, and with the largest single national stock consisting of Italian origin (25%).

Intellectually, the group showed the same pattern as the general population, which substantiated the fact that their psychopathy lay predominantly in the sphere of their "affective liabilities" and not their intellectual liabilities. That the former, however, tended to overshadow the latter is indicated in the school grades attained by the group as a whole. The largest number achieved the grammar school level of the eighth grade (32.1%) and only seventeen and seventenths per cent (17.7%) went beyond, although no one was graduated from high school. Further, the concentration of psychopathy in certain age groups was high in the adolescent period, (ages sixteen to twenty), followed by a decline in age groups twenty-one to twenty-five and twenty-six to thirty, but with a slight increase in the next two groups. Exactly half of the total cases (50%), however, were included in the first four groups and three-quarters (75%) in the first six groups.

With only four (14.3%) cases indicating abstinence from both alcohol and tobacco, the majority showed a definite trend toward the use of one or the other, or both. Excessiveness far outweighed moderation and, as such, was a further indication of poor social adjustment.



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Only half of the group had any sort of military service and half of these were in the Army (50%) with the remainder having been in the Navy, C.C.C., Merchant Marine, or National Guard. To some extent the number who could actually have served was limited by such things as age or general unfitness for military service.

Offenses for which these males were committed were varied. The largest two single types were psychosexual in nature, of which eleven cases (39.3%) were definitely sexual in character and representative of the highest number of offenses of any description. The next highest group with eight cases (28.6%) was that represented by assault and battery of all types.

The main reason for social agency registrations was for financial assistance from public welfare agencies of which there were twenty-six (34.2%) instances. The next two highest groups were hospital and clinic, and miscellaneous, with fifteen (19.8%) and thirteen (17.1%) cases respectively. The lowest were family and children's agencies with five (6.5%) and two (2.6%) cases respectively. These figures are representative of only seventeen cases (60.7%) which had the total number (76) of agency contacts. As previously noted, the cases in which marriages and families existed were chiefly responsible for the agency contacts. Yet, only fifteen (53.6%) of the group were married, of which nine (32.1%) were living at home, and only two each (7.1%) were divorced, separated, or



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Offenses for which these males were committed were varied. The largest two single types were homosexual in nature, of which eleven cases (38.3%) were definitely sexual in character and representative of the highest number of offenses of any description. The next highest group with eight cases (26.3%) was that represented by assault and battery of all types.

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widowers.

One of the most important factors was previous hospitalization, which appeared in eleven cases (twelve admissions), (39.3%). It was representative enough to show that the later diagnosis of Psychopathic Personality depended largely on the factors which revealed poor social adjustment, and without which factors, except under almost obvious circumstances, the previous diagnoses were usually based on physical or mental symptoms.

After the present diagnoses of psychopathic personality, the sub-classifications further revealed that seventeen cases (50.7%) were described as "mixed type", six (21.4%) with "asocial and amoral trends", and five (17.8%) as "pathological sexuality".

The evaluation of adjustment factors has shown that poor adjustment is much more the rule than the exception and can be compared with good or fair adjustments only on a ratio basis. Taking all adjustments together, the ratio is roughly four to one for poor to good, and three to one for poor to fair. The three adjustments with the greatest indications of 'poor' adjustments compared to either 'good' or 'fair' were, significantly enough, childhood, school, and home/family life. Individually, they respectively show ratios of poor to good as follows: five to one, three to one, and nine to one.

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clear that one's constitutional background has a great deal to do with the existence and development of inferior emotional control in spite of high or low intellectual endowment. The course of development is unquestionably influenced by the environment or milieu in which the personality is born and raised. Whether or not social and economic factors are used as rationalizations by a psychopath would seem to depend in part on his social and economic status and whatever role they might have played in bringing about the final diagnosis. Intellectual ability can be no criterion, but emotional maturity can be and is. The group of cases under review has demonstrated a normal pattern of Intelligence Quotients, but an abnormal pattern of 'Emotional Quotients'.

In addition to common behavior patterns among these patients, there has been common to nearly all of them certain background and family history. In a way, this might suggest the possibility of an etiologic factor, and this in turn would suggest the need for further detailed study, the aim of which would be toward a more accurate diagnosis and plan of treatment.

The periods in life which reflected the greatest emotional and sexual drives were those in which psychopathy was most often revealed, and in terms of overt acts. The offenses, generally of an aggressive and psychosexual nature, were most often committed under the influence of alcohol which, it was found, played a significant role in relieving inhibitions and



clear that one's constitutional background has a great deal to do with the existence and development of inferior emotional control in spite of high or low intellectual endowment. The course of development is unquestionably influenced by the environment or milieu in which the personality is born and raised. Whether or not social and economic factors are used as rationalizations by a psychiatrist would seem to depend in part on his social and economic status and whatever role they might have played in bringing about the final diagnosis. Intellectual ability can be no criterion, but emotional maturity can be and is. The group of cases under review has demonstrated a normal pattern of Intelligence Quotients, but an abnormal pattern of 'Emotional Quotients'.

In addition to common behavior patterns among these patients, there has been common to nearly all of them certain background and family history. In a way, this might suggest the possibility of an etiologic factor, and this in turn would suggest the need for further detailed study, the aim of which would be toward a more accurate diagnosis and plan of treatment.

The periods in life which reflected the greatest emotional and sexual drives were those in which homosexuality was most often revealed, and in terms of overt acts. The offenses, generally of an aggressive and psychosexual nature, were most often committed under the influence of alcohol which, it was found, played a significant role in relieving inhibitions and



inducing impulsive behavior.

Despite repetitive and episodic offenses, there seems to have been no close liaison between those agencies and institutions which were directly concerned with the anti-social behavior and those agencies which might have tried to do something constructive toward prevention of future anti-social behavior. More specifically, with the exception of financial aid, community assistance has been conspicuous by its absence. The question is raised as to what might be done to try to implement the need for more and better inter-agency planning.

Society has only in recent years assumed greater responsibility toward the rehabilitation of physically handicapped people so that they might lead useful and productive lives. In similar fashion it might also try to help the emotionally handicapped to live usefully and productively, within their limitations. To try to eliminate basic causes entirely must wait on a future date when a great deal more is known about psychopathic personalities than at the present time.

Approved,

*Richard K. Conant*

Richard K. Conant  
Dean



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Approved,

Richard K. Gonsky

Dean



## APPENDIX - SCHEDULE

- |   |                     |          |
|---|---------------------|----------|
| 1. Name   | Case No.            |          |
| 2. Age on admission   | Religion            | Nativity |
| 3. Grade completed  | I.Q.                |          |
| 4. School adjustment  |                     |          |
| 5. Psychosexual history                                       | Marital status      |          |
| 6. Family or Home life  | Personality changes |          |
| 7. Employment history and adjustment                          |                     |          |
| 8. Habits (use of alcohol, tobacco, or drugs)                 |                     |          |
| 9. Childhood adjustment                                       |                     |          |
| 10. Previous hospitalization with diagnosis                   |                     |          |
| 11. Military service and adjustment                           |                     |          |
| 12. Social service registrations prior to admission           |                     |          |
| 13. Previous court record including the precipitating offense |                     |          |
| 14. Type of problem   |                     |          |
| 15. Hospital diagnosis  |                     |          |

Massachusetts General Laws, 1933, chapter 123, section 100:

If a person under complaint or indictment for any crime is, at the time appointed for trial or sentence, or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the court may commit him to a state hospital or to the Bridgewater State Hospital under such limitations as it may order.



# APPENDIX - SCHEDULE

1. Name
2. Age on admission
3. Grade completed
4. School adjustment
5. Psychosocial history
6. Family or home life
7. Employment history and adjustment
8. Habits (use of alcohol, tobacco, or drugs)
9. Childhood adjustment
10. Previous hospitalization with diagnosis
11. Military service and adjustment
12. Social service registrations prior to admission
13. Previous court record including the precipitating offense
14. Type of problem
15. Hospital diagnosis

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